Tex	cas Ethics	Commission	P.O. Box 12070	Austin, Texas 78711-2070		(512)463-5800	1-800-325-8506
				IOLDER REPO AL REPORT		FORM C/O	
	The In	struction Guid	e explains how to 'Report Type" on	o complete this form. page 1 is marked "Fina		STATE OF THE STATE	
1	C/OH N					2 ACCOUNT #(E)	ics Commission filers)
		JO:	HN L. COLEM	IAN			
3	SIGNA	ATURE			**************************************		······································
	a repo	ort as a final repo	rt terminates my camp	s or political expenditures in cor paign treasurer appointment. es without a campaign treasure	I also understand that appointment on file.		any campaign
4			AN OFFICEHOL		V		
	A.	CAMPAIGN FU	JNDS				
	Check	k only one:					
	KX	I do not have une	xpended contributions	or unexpended interest or inco	me eamed from politica	al contributions.	
		convert unexpend also understand the or unexpended in understand that I	fed political contribution hat I must file an annua sterest or income earne must dispose of une	pended interest or income earn ns or unexpended interest or in al report of unexpended contrib ed on political contributions lor spended political contributions sirements of Election Code, § 25	come earned on politic utions and that I may no ger than six years afte and unexpended inter	al contributions to pe ot retain unexpended or filing this final repo	rsonal use. I contributions rt. Further, I
	В.	ASSETS					
	Check	conly one:					
	KX	I do not retain ass	sets purchased with po	litical contributions or interest o	or other income from po	litical contributions.	
		may not convert a	assets purchased with stand that I must dispos	al contributions or interest or oth political contributions or interes se of assets purchased with po	st or other income from litical contributions in ac	political contribution	s to personal
5		EHOLDER			· -	-	e* 7
	Comp		o <i>nly</i> if you are an of			١	ļ
		I am aware that I re	emain subject to filing re	equirements applicable to an offic	eholder who does not h	ave a campaign treasi	urer on file.

Signature of Officeholder

	TE/OFFICEHOLDER N FINANCE REPORT	RECLEVE CITY OF SAN A	FORM C/OH GOVER SHEET PG 1
The C/OH INSTRUCTO	ON Guide explains how to complete		2 Total pages filed:
this form.		700 04 12	 \upsi: 23
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	MR. JOHN	L.	Date Received
	COLEMA	SUFFIX P.N	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CO	TTY; STATE; ZIP CODE	
Change of Address	SAN AMIONIO, TX	78254-2446	Data Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	TITLE FIRST	MI	
NAME	MRS. SEEDING S	Debla J.	Receipt # Amount
	ARCHER	SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	E#; CITY; STATE;	ZIP CODE
(Residence or business)	P.O. BOX 7370 SAN ANIONIO, TX 782	07	-
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
	(210) 735-1111		
8 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	APR 05/2001	GH MAY 05	2001
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
4 055105	MAY 05 2001 Primary		Seneral Special
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (If known)	
13 NOTICE	District and the second	(DUNC: LMAN	
OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign expendential ordinates are required to disclose this information on 	ditures made by others without the candi ly if they receive notification of the direct	date's prior consent or approval. campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zi	p Code	
additional pages			
	GO TO P	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH

	. 4 10 171		COVER SHEET PG 2
14 C/OH NAME	JUHA	L. ColeMAN	15 ACCOUNT # (Binks Commission Sers)
18 NOTICE FROM POLITICAL COMMITTEE(S)		otice of political expenditures by political committees to support to without the candidate's or officeholder's knowledge or consent. If they receive notice of such expenditures.	he candidate / officeholder. These expenditures Candidates and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	,ν
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	.,	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affi	devit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN RIZED \$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS IT	EMIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 373.02
OUTSTANDING LOAN TOTALS	5. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C Y OF THE REPORTING PERIOD	OF THE \$
19 AFFIDAVIT			
	NOA S. LOUIS	I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	y of perjury, that the accompanying report all information required to be reported by ie.
THINWING THE	OF TENS	John L.	of eman
AFFIX NOTARY STAMP	04-04-2005	Signature of C	and date or Office holder
Sworn to and subscribe	11		, this the 12th day
Melinda S	ito certif 3. /n/	which, witness my hand and seel of office.	Notary
Signature of officer adm	inistering with	Printed name of officer administering oath	Title of officer administering ceth

Teyas Ethics Commission	P.O. Boy 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850
iexas Eulius Commission	P.O. DOX 12010	Austin, Texas 70711-2070	(5 (2) 463-5600	1-800-323-830

LOANS				SCHEDULE E
		·	772 6 7 6 7 7 7	ED Mitomo
The Instruction Gu	DE explains how to complete this form.	7	1 Total pages Sche	
2 FILER NAME	JOHN L. COLEMAN	L	3 ACCOUNT# (E	nics commission filers)
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$\disp\ \$\din\ \$\disp\ \$\disp\ \$\disp\ \$\disp\ \$\disp\ \$\disp\ \$\disp\ \$\d	\$	\$ 140.00
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
4-16-'01	JOHN L. COLEMAN			140.00
6 Is lender a	8 Lender address; City; State;	Zip Code		10 Interest rate
financial Institution?	10635 I.H. 35N, S	UITE 104		
Y	San Antonio, TX 7			11 Maturity date
12 Description of Collate	eral			
xx none				
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
K not applicable		Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	I rral		_	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation	-	Employer	· · · · · · · · · · · · · · · · · · ·	
lf lender	ATTACH ADDITIONAL CO is out-of-state PAC, please see inst			requirements.

POLITI	CAL EXPENDITURES			SCHEDULE F
		CITY CT	ED SALANTO	110
The Instruction	พ Guide explains how to complete this form.	0.3	1 Total pages	Schedule F:
2 FILER NAMI	∃ JOHN L. COLEMAN	ZUOT JĄJI.	3 ACCOUNT	Egics Commission filers)
4 Date	5 Payee name			7 Amount
6-Jul± 01	6 Payee address; City; State; Zip Code 10635 I.H. 35N, Back Off San Antonio, TX 78233	ice		(\$) 229.00
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	•	o benefit C/OH •• Office sought Office held
WEB PAGE	DESIGN & TWO MONTHS RENT			
Date	Payee name			Amount (\$)
6-Jul= 01	JOHN L. COLEMAN Payee address; City; State; Zip Code			(4)
	10635 I.H. 35N, Suite 10 San Antonio, TX 78233	4		140.00
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		o benefit C/OH •• ffice sought Office held
REIMBUR	SEMENT - LOAN			
Date	Payee name			Amount (\$)
6-Jul-01	МА̀RĆН OF DIMES Payee address; City; State; Zip Code			4.02
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if direction Candidate / Officeholder na	•	benefit C/OH •• ffice sought Office held
DON	ATION			
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
			-	£*
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na		b benefit C/OH ffice sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NI	EEDED	

Times Ellitus Commissio	TO BOX (SAFE)	6711-2070 (512)-465-4860 (1-400-325-4
CAMPAK	ATE/OFFICEHOLDER ON FINANCE REPORT	RECEIVED FORM C/OH CITY OF SAN AMONOR SHEET PG 1 CITY CLERK
une torm.	non Gues explains how to complete	2001 APR Z'1 F 3: 16
3 CANDIDATE/ OFFICEHOLDER NAME	MR. JOHN COLEMA	Comp Resolute
4 CANDIDATE/ OFFICEHOLDER ADDRESS	8407 WATCHTOWN	ev ST.
S CAMPAIGN TREABURER NAME	MRS. DEBRA AR CHER	Name of Arrests Suffice Date Programme
E CAMPAIGN TREASURER ADDRESS (Residence of business	PIO BOX 73.70 AMERICANO PO BOX 73.70 AMERICANO PROVE PRICE PRICE PRICE PRICE PRICE PRICE PRIC	
7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE		Ex7:204
	James y 15 Sith day believe election 349 16 Sith day believe election	Thomat 15th day offer consider these or appointment (offendation only)
COVERED	4 106 1 01 THOUS	4/27/01
ELECTION	March Day Year BARTION TYPE	□ ~
1 OFFICE	COTACE HELD (FINA)	COUNCILMAN DISTRICT 7
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct exception exponditures are compalign exponds Conditions are required to declarer the information only Name	harse made by others without the conditator's prior consent or approval. If they receive multication of the about companies expensions.
	Address / PO Bass: Apr. / Bass R; CRy; Walls: Zip (Cede
	GO TO PA	VGE 2
graphs on solicited helber.		Rentue Cán útilia

THE BILL CONTINUES	P.O. 80X 12X	770 Auth, Teets 78711-2070	(512)463-6800	1-600-325-65
SUPPORT	TE/OFFICE	CEHOLDER REPORT:	RECEIVED OF SAN ANTORRO CITY Carrén Sh	M C/OH EET PG 2
14 C/OH NAME	JOHN	L. COLEMAN	APH Relactionist	· Currente de la comp
S NOTICE	- This best is for me			
FROM POLITICAL COMMITTEE(S)	may have been med this information only	doe of publicate upon thurse by political committees to support a milited the conditate's or collegisates's traveledge or consent. If they receive notice of such expenditures.	Candidates and officeholders are	e expanditures I requires to report
	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional propers		COMMETTEE COMPANIENT YEARS LINES ADDRESS.		
		Committee Committee Transaction (ACCOUNTS)		
W NO REPORTABLE ACTIVITY	Charte here if a	th reportable activity occurred during this reporting paried, (then a		→ >
CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER IS, LOANS, OR GUARANTEES OF LOANS), LINLESS ITE	THAN S	
	Z. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	s 50	1) 00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$80 OR LESS, UNLESS I	TEMAZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$53	3. 98
OUTSTANDING LOAN TOTALS	5. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOAMS AS Y OF THE REPORTING PERIOD		00
	DA S. COM	I swear, or affirm, under pane is true and correct and include me under Title 15, Election Co	t ot berluper replacement liss at	aming report to reported by
THININ WILLIAM	TIFOFTERS CYPIRES	John L.	Cofem an	<u> </u>
APPIX NOTARY STAMP	7-04-2009, 113	Tolon I Colonna		,: <u> </u>
or April	od before me, by th	by which, witness my hand and seel of office.	the the 21th	1_day
Melmaa 8 lon		Mclinda s. lopez	Notanj	
		The state of the s		g cath

TO

Term Ether C	emmission P.O. Box 12070 Aust	Terms 78711-201	70 (512) 46	3-6400 1-400-325-460
9	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	CITY OF	CEIVED SAN ANTONI Y CLERK	SCHEDULE A1
The bornuct	ion Graz crylains here to complete this form.	anni app	2-7-4-5-3-	Physic A1:
2 FILER NAM	JOHN L. COL		3 ACCOUNT # (BI	hies Controlation (forg)
4-4-01	DONALD OR NANCY THE CONTROL CO	ompson.	7 Amount of contribution (8)	8 In-Mind contribution description (2 applicable)
	4703 BROADHIL AUSTIN, TX 787	L 723		
		19 Employer (Option		
4-5-01	6611 Curpus Christi		Amount of ownerbudon (6)	in-Mind contribution; description (if applicable)
Principal cos	AUSTEN, TX 78"	Employer (Opdor	<u>-</u> 9	
4-16-01	WILLIAM AR 8401 DATA POINT		100.00	In Mind contribution description (If application)
Principal occu		Employer (Option	a)	
Dute	ALBERT CAREY 812, 140th STREET, EA TACOMA, WA 78		200. 00	in-hing continuism description (if applicable)
Principal com	Particular Control	Employer (Option		
Comp	Publication of cardidator Desident Inc. (DR.		Amount of contribution (\$)	In-Mind contribution decomption (Fragalizatio)
	Contributor andress; City; State; Zip Code		<u>-</u>	♣ 20 ♣
Principal occu	pullon (Optional)	Employer (Option	= 0	
W contr	ATTACH ADDITIONAL COPIE thuter is out-of-state PAG, please see instr	B OF THUS FORM A	AS MERDED Iditional reporti	ng requirements.

Texas Ethics Commis	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 40	53-5800 1-800-325-8506		
LOANS			RECEIVE CITY OF SAN A CITY CLE			
The Instruction Guit	explains how to complete	this form.	2001 Total pages Sch	3. 1P		
2 FILER NAME. (OHN L. COLEMAN			3 ACCOUNT # (Et	3 ACCOUNT # (Ethics Commission filers)		
4 тота	L OF UNITEMIZED LO	DANS: ⇔ ⇔ ⇔	\$	\$		
5 Date of loan APR 9, 01 6 Is lender a financial Institution?	7 Name of lender CLLEBRITY 8 Lender address; City;	Out-of-state PAC (ID#: MARKETING A State; Zip Code	GENCY Soute 201	9 Loan Amount (\$) 266.99 10 Interest rate		
Y (N)	5AU AU	H. 35 north Topio, TX	19133	11 Maturity date		
12 Description of Collate	eral					
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)		
not applicable	15 Guarantor address; City;	State; Zip Code				
17 Principal Occupation		18 Employer				
Date of loan APR 16,01	Name of lender MR . WILL .	Out-of-state PAC (ID#: TAM ARCH!	eR	Loan Amount (\$) 166. Interest rate		
'Is lender a financial Institution? Y N	Lender address; City; 8401 DAT SAN ANTO	State: Zip Code A POINT DR. NIO, TX 78		Maturity date		
Description of Collate						
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code				
Principal Occupation		Employer	_	2 1		
If lender		DITIONAL COPIES OF THIS I ase see instruction guide f		g requirements.		

POLITIC	CAL EXPENDITURES	CITY OF	CEIVED Fran Antonioschedule F Tyclerk
The Instruction	N GUIDE explains how to complete this form.	ZOOL APR	12 Total pages Schedule F:
2 FILER NAME	JOHN L. COLEN,	1AN	3 ACCOUNT # (Ethics Commission filers)
4 Date 4-16-01	5 Payee name 5 I GNS 10 G0 6 Payee address; City; State; Zip Code 6830 SAN PedRO	78216	7 Amount (\$) 00 100.
required.)	TISE MENT - 5.5145	9 •• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ame Office sought Office held
Date 4-24-01	10635 L.H.35N., Sune	excy(Richard S - 201 233	Amount (\$) TEVENSON) 266.
required.)	VSEMENT - SIGN LOAN	•• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH •• arne Office sought Office held
Date 4-24-01	Payee name MR. WILLIAM ARC Payee address; City; State; Zip Code 8401 DATA POINT	CHER DRIVE 78229	Amount (\$)
required.)	ment (See instructions regarding type of information Sement - Sign Loan	•• Complete if dir Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dir. Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NI	EEDED

CORRECTION AFFIDAVIT COR-C/OH

		CLERK CLERK	
	CANDIDATE/OFFICEHOLDER	2 P 4: 12	
See backside for instru	uctions 2		
ACCOUNT#	Total pages filed:		
CANDIDATE / OFFICEHOLDER	TITLE FIRST MI		USE ONLY
NAME	MR. JOHN L NICKNAME LAST SUFFIX COLEMAN	Date Received	
ORIGINAL REPORT TYPE	January 15 Runoff Other (specify) July 15 Exceeded \$500 limit July 30th day before election 15th day after treasurer	Date Hand-delivered	or Date Postmarked
	8th day before election Final report	Receipt #	Amount
5 ORIGINAL	Month Day Year Month Day Year	Legal	Totals
PERIOD COVERED	03 / 17 / 2001 THROUGH 04 / 05 / 2001	Date Processed	
6		Date Imaged	
	TRANSPOSED (\$276.00 SHOULD HAVE BEEN STANSPOSED (\$276.00 SHOULD HAVE BEEN STANSPORTED THIS MISTANSPORTED THIS MISTANSPORTED THE STANSPORTED TH	\$2 <u>67</u> .00). KE.	ADDITION
AFFIX NOTABLY STAN	CYPIRES TO LOWING 12th	nat I am filing this cor(s) in the originary, that I did not led the original r	s corrected report all report. I swear, intend to violate a eport.
Signature of officer administeria	Melinda S. 10962 Notae Goth Printed name of officer administering cath Title of	officer administering	oath
Remen	nher To Attach Any Part Of The Campaign Finance	Report For	n

Needed To Report And Explain Corrections

CANDIDA' SUPPORT		CEHOLDER REPORT:	FORM C/OH COVER SHEET PG 2
		ALTO SAN ANT	ONIO
14 C/OH NAME		CHA STEM	5 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been mad	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates if they receive notice of such expenditures.	e / officeholder. These expenditures and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit below	and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	SOUL APP
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 276
EXPENDITURE TOTALS	3. TOTAL F	\$ STANTON	
	4. TOTAL	\$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
		I swear, or affirm, under penalty of perji	ury, that the accompanying report
.al	MIIIIIII	is true and correct and includes all infor	mation required to be reported by
	EE HELIM	me under Title 15 Election Code.	
THE PARTY OF THE P	(ARY PUBLIC OF	John L.	Jeman
3	The state of the s	Signature of Candidat	er officeholder
AFFIX NOTATIVE STAMP	TREAST ASONE EXPIRES THE ASONE	the said of a man	this the day
of uprif, 20	O , to cert	ify which, witness my hand and seal of office.	
Signature of officer adr	ninistering (sath	Printed name of officer administering oath Title of	of officer administering oath
Printed on recycled paper			Revised 05/11/2000

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

Principal occupation (Optional)

Texas Ethics Commission	n P.O. Box 1207	0 Austin, Texas 78	3711-2070	(512)463-5800 1-800	325-8500
f .	TE/OFFIC	EHOLDER E REPORT		FORM C/C	
The C/OH INSTRUCT	ON GUIDE EXPIAINS	how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	JOHN)	OFFICE USE ONL	Υ.
4 CANDIDATE/	ADDRESS / PO BOX:	LAST OLEMA APT/SUITE*	SUFFIX V ITY: STATE: ZIP CODE	Date Received	
OFFICEHOLDER ADDRESS	1 -4	NATCHTO		Date Hand-delivered or Date Postm	arked
Change of Addres			1x 78254		
TREASURER NAME	MRS.	DEBRA) <u>M</u>	Receipt # Amount	
	NICKNAME	LAST	SUFFIX	Date Processed	
		ARCHER		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business		MBRANO		RECEIV Y OF SAN CITY CLI	1
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	()	735-1	111 x 204	t: t	
8 REPORT TYPE	January 15	30th day before election	n Runoff	15th day after campaign treasu appointment (officeholder only)	rer
	July 15	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	03/17/	THROU	JGH 04/5		
10 ELECTION	Month Day	Year ELECTION TYP	Runoff	General Special	I
11 OFFICE	OFFICE HELD (if any)		OUNCIMAN		
13 NOTICE OF DIRECT CAMPAIGN Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent of Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures.				andidate's prior consent or approval.	
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt.	/ Suite #; City; State; Z	ip Code		
additional pages					
·	-,,				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPOPT & TOTAL S

FORM C/OH

SUPPORT	& IOIAL		COVER SHEET PG Z		
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)		
16 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE CAMPAIGN TREASUREN ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affided	it below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	# B A 1000		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 276		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	S S S S S S S S S S S S S S S S S S S		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LY OF THE REPORTING PERIOD	THE \$		
19 AFFIDAVIT					
.41	MM111111111111111111111111111111111111	is true and correct and includes a	of perjury, that the accompanying report		
AFFIX NOTARY STAMP	LEE HELMING	me under Title 15 Election Code.			
WIIIIIIII	*	Signature of Ca	ndidate or Officeholder		
AFFIX NOTARY STAMP	THESE ABOVE EXPIRES EXPIRES Dy 10 EXPIRES EX	should be a second	this the 5 day		
of york, 20	of you, 20 , to certify which, witness my hand and seal of office.				
Signature/of offices adm	ninistering Meth	Printed name of officer administering oath	Title of office/administering oath		
Printed on recycled paper	- A Paris Paris		Revised 05/11/2000		

PLEDGED CONTRIBUTIONS				SCHEDULE B1 (FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)		
	The Instruction Guide explains how to con	mplete this form.		1 Total pages this !	Schedule B1:	
2	? FILER NAME		3 ACCOUNT # (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED	\$ \$ \$	⇒ ⇒	\$		
5	Date 6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
	7 Pledgor address;	City; State; Zip Code	•			
10	Principal occupation (optional)		11 Employer (options	al)		
	Date Full name of pledgor	Out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address;	City; State; Zip Code	• • • • • • • • •			
				 	CIT:	
	Principal occupation (optional)		Employer (options	ai)	PR SIGN	
	Date Full name of pledgor	out-of-state PAC (ID#: City; State; Zip Code		Amount of pledge (\$)	in-lind description if application FOR TONIO	
	Principal occupation (optional)		Employer (options	ai)		
	Date Full name of pledgor	Ust-of-state PAC (ID#: City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occupation (optional)		Employer (options	ni)		
	Date Full name of pledgor Pledgor address;	out-of-state PAC (IDIf:		Amount of pledge (\$)	In-kind description (if applicable)	
	Principal occupation (optional)		Employer (options	ni)		
	ATTACH If contributor is out-of-state P	I ADDITIONAL COPIES			ng requirements.	

ł .	THAN PLEDGES OR LOAN	SCHEDULE A'I (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)			
The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:		
2 FILER NAMI	JOHN L. COLEMAN	3 ACCOUNT # (Ethics Commission filers)			
4 Date 4-01-01	5 Full name of contributor out-of-state PAC (IDH:_ RICHARD W. MURR, 6 Contributor address; City; State; Zip Code 8411 WATCh TOWER ST SAN ATTONIO, 1× 786	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (IDIT:_ RICHARD A. ROI	lins	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4-02-01	Contributor address; City; State; Zip Code 830 N. Blvd, Po. Box 2 UNIVERSAL CETY, TX.	14C 78148	100,00	CITY OF CITY	
Principal occupation (Optional) Employer (Optional)					
Date 4-02-01	Full name of contributor out-of-state PAC (IDIT_ ROYAL DRIVE SERV Contributor address; City; State; Zip Code 10635 IH35N SAN ANTONIO TX 782		Amount of contribution (\$) 42.	In Harden button pescription (Irapplicable)	
Principal occupation (Optional) Employer (Optional)					
Date	Full name of contributor out-of-state PAC (IDIT_ ARIENE L. YOUNG blo	od od	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4-02-01	contributor address; City: State; Zip Code 1807 BUNDY h: LL Dis AUSTIN, TX 78723-	ive 6115	25.00		
Principal occup	pation (Optional)	Employer (Options	ni)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		<u></u>	# * **	
Principal occup	pation (Optional)	Employer (Optiona	ai)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.